### Ohio Campaign Finance Report 10 JAN 29 AM 8: 36

			Prescribed by Sec	cretary of State 3/	05		30±3	ひんこり	N COL	TION C
Full Name of Committee							Registra	tion Num	ber, if PA	c 10115
GIBBS 4 KIDS COM	<b>MITTEE</b>									
Full Name of Candidate										
Weırdella L. Gibbs					_					
Street Address					Office Sought				District	
334 Benedetti Ave					School B	oard			Col	lumbus
City				-	•	S	tate	Zıp Code	B	
Columbus						0	Н	432	13	
	Pre-Primary		Post-Primary	Pr	e-General		Post-Ger	neral	X	Annual Year 2009
(i) assist to the sea of report (se	July		August	Se	eptember	1	]			Semiannual
	Monthly	<u> </u>	Monthly	М	onthly	ļ	Terminat	hon		
Amended Report?	Repo	rt Electroni	· —	1. E/			М	ì	D	Y
☐ Yes ☐ No		∐ Yes	s □ No	Date of the	ction at the second	1,1	1	10	6	10   7

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R. C. 3517 10(H) for details

	1,183.90
	\$ 725.00
	,
	1,908.90
	\$ 1,422.71
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management and description committee (Committee (Commit	
Superior to the committee description of the Co.	,
ausorante content encertaires, and a reconstruction of the content	•
	<b>5</b>

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Sye Cunningham, Treasu	rer	Syn 24		1	/28/10
Print Name and Title (Treasurer and Deputy Tre	asurer only)	Signature	<del></del>		Date
Contribution	Expenditure	$\neg$	Other	Total	
pages 1	pages 2	2	pages 4	pages	7
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Dogg	1
Page	

#### **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full	-					-			
GIBBS 4 KIDS COMMITTEE									
Full Name of Contributor				Regis	strati	on Num	ber, 1	f PA	С
See Statement of Contributions 31-E									
Street Address	Employe	er/Occupa	ation/Labor Organization*		_	•			Form (Cash, Check, etc.)
	1								
City	S	tate	Zip Code	М	Т	D	Y	,	Amount
		1		1	- 1	Ī	1	ı	725.00
Full Name of Contributor		l.,	<u> </u>	Pegg	etrotu	on Num	her :	f DA	
				Rogis	ouau	DII IAMII	UCI, I		
Street Address	Employ	/0	ation/Labor Organization*						E (C) (C) -(-)
50 501.7 Mail 505	Employe	ei/Occupe	aton/Lauor Organization;						Form (Cash, Check, etc.)
0			T=						
City	Si	tate	Zıp Code	M	ı	D	Y		Amount
							<b>.</b>		
Full Name of Contributor				Regis	stratio	on Num	ber, 1	fPA	C
				1					
Street Address	Employe	эг/Оссира	ation/Labor Organization*						Form (Cash, Check, etc.)
City	Si	ate	Zıp Code	М	Т	D	Y		Amount
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Full Name of Contributor	<u> </u>		1	Regis	stratio	on Num	ber, r	f PA	C
							•		
Street Address	Employe	r/Occupa	ation/Labor Organization*	<u> </u>					Form (Cash, Check, etc.)
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City	-		Iz. 0.1	1 57			T - 33	,	
City	31	ate	Zıp Code	M		D	Y		Amount
THY CO. I		<u> </u>							
Full Name of Contributor				Regis	stratio	on Num	ber, ı	f PA	С
Street Address	Employe	r/Occupa	tion/Labor Organization*						Form (Cash, Check, etc.)
City	St	ate	Zıp Code	М		D	Y		Amount
		1		1	Į	-	1		
Full Name of Contributor		-		Regis	stratio	on Num	ber, 1	f PA	C
				Ì					
Street Address	Employe	r/Occupa	ition/Labor Organization*	-					Form (Cash, Check, etc.)
		_	-						, , , , ,
City	St	ate	Zip Code	М	т	D	Y		Amount
	"	}			- 1	1		ı	
Full Name of Contributor	<u> </u>		<u> </u>	Pogg		on Num	hor	F D A	C
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Street Address	In1								
Suori Addiços	Employe	a/Occupa	tion/Labor Organization*						Form (Cash, Check, etc.)
74.	<u> </u>		T						
City	St	ate	Zip Code	M		D	Į Y		Amount
,									
full Name of Contributor				Regis	stratic	on Num	ber, 1	f PA	С
				L					
Street Address	Employe	r/Occupa	tion/Labor Organization*						Form (Cash, Check. etc )
City	St	ate	Zip Code	М	T	D	Y	_	Amount
	] j					1			
jured for contributions from individuals over \$100 to statewide and coner	<del></del>			1 1 1 1 2			بب		

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R. C. 3517 10(B)(4)]

Page Total \$ 725 00

### **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full						
GIBBS 4 KIDS COMMITTEE						
To Whom Paid				M D	Y Amou	ınt
Yahoo.com				0 7 0 7	0 9	12.95
Address	Purpose					
	Websi	<u>te</u>				
City	State	Zıp Code		Check Number		
		<del>1</del>		Debit C	ard	
To Whom Paid				M D	Y Amou	
Urban Trendsetters				0 7 2 5	0 9	150.00
Address	Purpose					
823 East Long St.	Adver			la in		
Columbus	State H	Zip Code	42202	Check Number		
To Whom Paid	<u> </u>	1	43203	161		<u> </u>
Yahoo.com	\			M D	Y Amou	
Address	Purpose	······························		0 8 1 0	0 9	12.95
	Websi	ta				
City	State	Zip Code		Check Number		
		. 1 -		Debit C	ard	
To Whom Paid	1 ( ) 2	7 1		M D	Y Amou	nt
CVS Pharmacy				0 8 1 7	0 9	20.67
Address	Purpose			0 0 1 7	0 9	20.07
# 3238	Card S	Stock				
City	State	Zip Code		Check Number		
Columbus	OIF	1 -		Debit C	ard	
To Whom Paid				M D	Y Amou	ant
Franklin County Democratic Party				0 8 1 7	0 9	110.00
Address	Purpose			<u> </u>		
271 East State St.	Golf E	vent				
City	State	Zıp Code		Check Number		
Columbus	Lo F	1	43215	134		
To Whom Paid				M D	Y Amou	
McTigue Law Group				0 8 1 7	0 9	75.00
	Purpose					
550 East Walnut St.	Consu					
Columbus	State	Zıp Code	40015	Check Number		
To Whom Paid	O F	1	43215	133		
Target				M D	Y Amou	
Address	Purpose			0 8 2 0	0 9	17.04
# 00010587	Suppli	00				
City	State	Zip Code	<del></del>	Check Number		
Columbus	O	2 .		Debit C	ard	
To Whom Paid				M D	Y Amou	nt.
Yahoo.com				0 9 0 8		12.95
Address	Purpose	<del></del> ,		0 7 0 0	0 7	14.70
	Websit	æ				
City	State	Zip Code		Check Number		
	$C \mid A$			Debit C	ard	
					~~ ~~	

Page Total \$ 411.56

Page	2

### **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full									<del> </del>	
GIBBS 4 KIDS COMMITTEE										
To Whom Paid					M	I C		Ϋ́	Amount	10.05
Yahoo.com	la la		<del></del>		$1 \mid 0$	10	8	0 9	<u> </u>	12.95
Address	Purpose	مند								
City		bsite ate	Zıp Code		Check	Nort	or			
City	30	A A	Zip Code			ebit		rd		
To Whom Paid	т С	Λ			M	l D		Y	Amount	
Yahoo.com					$\frac{1}{1}$ 1	•		0   9		12.95
Address	Purpose					10		<u> </u>	<u></u>	14.70
	Website									
City	St	ate	Zıp Code		Check					
	LC.	Α			D	ebit				
To Whom Paid					M	D		Y	Amount	40.00
Yahoo.com					$1 \mid 2$	10	8	0 9	<u> </u>	12.95
Address	Purpose	haita								
City		bsite ate	Zıp Code		Check	Mumb			1	
City	ا ر	A A	Zip Code			ebit		rd		
To Whom Paid		7.1			M	D		Y	Amount	
See Statement of Expenditures 31-F								Ì		35.78
Address	Purpose									
Crty	St	ate	Zıp Code		Check Number					
To Whom Paid				-	M	D		Y	Amount	
Address	10		<u> </u>			<u> </u>			<u> </u>	· - · · · · · · · · · · · · · · · ·
Address	Purpose									
City	94.	ate	Zıp Code		Check	Numb				
o.i.y		alc	Zip Code		CHECK	иши	51			
To Whom Paid			1		М	Ī	, 1	Y	Amount	
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Address	Purpose									
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City	St	ate	Zıp Code		Check	Numb	ег	•		
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To Whom Paid					M	E	1	Y	Amount	
Address	To.								<u> </u>	
Address	Purpose									
City	Sta	***	Zıp Code		Check 1	Mamb				
	34	110	Zip Code		CHECK	NUIIO	5l			
To Whom Paud					M	E		Y	Amount	
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Address	Purpose		<del></del>						<u></u>	
City	Sta	ste	Zip Code		Check !	Numb	er			

Event Date	08/06/09
Page	1

# Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secretary of State 3/05		
Name of Committee in Full			
GIBBS 4 KIDS COMMITTEE			
Full Name of Contributor	e of Contributor		
Kesha Garrett			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
3184 Gidion Lane	Columbus Urban Leagu	e   0   8   0   6   0   9   50.00	
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43219	Check	
Full Name of Contributor		Registration Number, if PAC	
Oyauma Garrision		`	
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
8033 Slate Park Ave.	Nationwide	0 8 0 6 0 9 20.00	
City	State Zip Code	Form(Cash,Check,etc)	
Reynoldsburg	O H 43068	Cash	
Full Name of Contributor		Registration Number, if PAC	
Tyrome Alexander			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
1790 Mountain Oak Road	Ohio State University	0 8 0 6 0 9 . 25.00	
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43219	Check	
Full Name of Contributor		Registration Number, if PAC	
Donna Moore			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
2274 New Village Road	Ohio Secretary of State	0 8 0 6 0 9 20.00	
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43232	Cash	
Full Name of Contributor	***	Registration Number, if PAC	
Lisa Keyes			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
1564 Deportes Drive	Keyes @ Style	0 8 0 6 0 9 100.00	
City	State Zip Code	Form(Cash,Check,etc)	
Columbus	O H 43219	Check	
Full Name of Contributor		Registration Number, if PAC	
Trackey Colson			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
406 Meacham Run Court	Columbus City Schools	0 8 0 6 0 9 25.00	
City	State Zip Code	Form(Cash,Check,etc)	
Westerville	O H 43081	Check	
Full Name of Contributor	,	Registration Number, if PAC	
Lark Mallory			
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount	
8108 Slate Ridge Blvd.	Chester, Wilcox, & Saxb	e 0 8 0 6 0 9 30.00	
City	State Zrp Code	Form(Cash,Check,etc)	
Reynoldsburg	O H 43068	Check	

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event		
		Page Γotal \$270.0	00_

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R. C. 3517.10(B)(4)]

Event Date	08/06/09
Page	2

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full **GIBBS 4 KIDS COMMITTEE** Full Name of Contributor Registration Number, if PAC Michelle Mills Street Address Employer/Occupation/Labor Organization\* Amount 2456 Ashpoint St. St. Stephens 0 8 0 6 0 9 50.00 Zip Code Form(Cash,Check,etc) Columbus  $\cap \mid H$ 43219 Check Full Name of Contributor Registration Number, if PAC **Janelle Simmons** Street Address Employer/Occupation/Labor Organization\* Amount 2686 Bloom Drive **Limited Brands** 0 8 0 6 0 9 50.00 State Zıp Code Form(Cash,Check,etc) Columbus 43219  $\cap \mid H$ Check Full Name of Contributor Registration Number, if PAC Charlene Greene Street Address Employer/Occupation/Labor Organization\* 1599 E. Gates St. Retired 0 8 0 6 0 9 30.00 Zıp Code Form(Cash,Check,etc) Columbus H 43206 Check Full Name of Contributor Registration Number, if PAC Mark Bell Street Address Employer/Occupation/Labor Organization\* 2058 Hovt St. 0|8|0|6|0|9 **US** Government 20.00 Zıp Code Form(Cash,Check,etc) Columbus Η 43219 Cash Full Name of Contributor Registration Number, if PAC Allen Huff Street Address Employer/Occupation/Labor Organization\* D 3156 Falcon Bridge Drive Neighborhood House 0 8 0 6 0 9 100.00 State Zıp Code Form(Cash,Check,etc) Columbus 43232 Check Full Name of Contributor Registration Number, if PAC Doris Calloway Moore Employer/Occupation/Labor Organization\* 883 Schillingwood Drive Franklin County Children S 0 8 0 6 0 9 50.00 State Zip Code Form(Cash,Check,etc) Gahanna 43230 Check Full Name of Contributor Registration Number, if PAC Jayme Moore Street Address Employer/Occupation/Labor Organization\* Amount 1632 Bryden Road 0|8|0|6|0|9 50.00 Zip Code Form(Cash,Check,etc) Columbus 43205  $O \mid H$ Check

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event	
	,	Page Total \$ 350 00

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R C 3517 10(B)(4)]

Event Date	08/06/09
Page	3

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full GIBBS 4 KIDS COMMITTEE Full Name of Contributor Registration Number, if PAC Marvin Jones Street Address Employer/Occupation/Labor Organization\* Amount 1655 E. Sycamore St. 0 8 0 6 0 9 20.00 Zıp Code Form(Cash,Check,etc) Columbus 43206  $\circ \mid H$ Cash Full Name of Contributor Registration Number, if PAC Courtnee Carrigan Street Address Employer/Occupation/Labor Organization\* Amount 4094 Meadowleigh Way **YWCA** 0|8|0|6|0|9| 20.00 State Zip Code Form(Cash,Check,etc) Gahanna 43230 Check | H Full Name of Contributor Registration Number, if PAC Halle Malcomb Employer/Occupation/Labor Organization\* D Y 2073 Park Run Drive Girl Scouts 0 8 0 6 0 9 20.00 Zip Code Form(Cash,Check,etc) Columbus 43220  $\cap \mid H$ Check Full Name of Contributor Registration Number, if PAC Charity Martin Street Address Employer/Occupation/Labor Organization\* Amount 893 E. Long St. **Urban Spirit Café** 0 8 0 6 0 9 20.00 State Zıp Code Form(Cash,Check,etc) Columbus 43203 Cash Full Name of Contributor Registration Number, if PAC Shanikka Flinn Street Address Employer/Occupation/Labor Organization\* D 2510 Kımberly Pkwy East #201 Precise One Marketing, LLQ 0 8 0 6 0 9 25.00 State Zip Code Form(Cash,Check,etc) Columbus 43232  $O \mid H$ Check Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* Amount State Zip Code Form(Cash,Check,etc) Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization\* Amount City State Zıp Code Form(Cash,Check,etc)

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R. C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event

Transfer the Total contributions for this event to form No 31-A Under Full Name of Contributor state "Contributions from form No 31-E" and list the date of the event in the date column

Total contributions this event Total exp

Total expenditures this event

Page Total \$ 105.00

Event Date	8/6/2009
Page ·	1

### **Statement of Expenditures for Social or Fundraising Event**

Prescribed by Secretary of State 02/01

			·						
Name of Committee in Full GIBBS 4 KIDS COMMITTEE									
To Whom Paid				1 37	T ==		1 17		
Kroger's Market Place				M			Y		Amount OF 70
Address	Purpose			Int	<u> </u>	b	0	9	35.78
			' <del></del>						
#988 City			or Event	lat i	<del></del>				
	i	tate	Zip Code	Check Number  Debit Card					
Columbus	0	H	43215						
To Whom Paid				M	E	) 	Y 	ľ	Amount
Address	Purpose	)			-	•			
City	s	tate	Zip Code	Check	Numb	er			
m 111									
To Whom Paid				M		<b>)</b>	Y 	ľ	Amount
Address	Purpose								
City	<u> </u>	tate	Zip Code	Check Number					
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To Whom Paid	<u> </u>	<u> </u>		М	D		Ý		Amount
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Address	Purpose								
City	State Zip Code			Check Number					
To Whom Paid	.l		1	M	D	·	Y	-	Amount
***						L_			<del></del>
Address	Purpose								
City	S	tate	Zip Code	Check Number					
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Address	Purpose			11					
City	State Zip Code			Check Number					
	1								
To Whom Paid				M	D		Y 	1	Amount
Address	Purpose								
City	Si	tate	Zıp Code	Check	Check Number				
	l	1	I	Į.					

Transfer total expenditures for this event to Form No 31-B Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column

Page Total \$ \_\_\_\_\_35.78